CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			· · · · · · · · · · · · · · · · · · ·		
	OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL	E CONSTRUCTION	(X3) DAT COM	e survey Pleted
AND PLAN C	of Correction	IDENTIFICATION NUMBER:	A. BUILD	ING	01 - MAIN BUILDING 01		R
ŀ			* 11010			1	1812017
		445526	B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	[00]	IMEGII
NAME OF	PROVIDER OR SUPPLIER				026 FERNBROOK LANE		
LAKESH	ORE HEARTLAND		İ		ASHVILLE, TN 37214		
<u> </u>		A BENEVICE OF STREET	<u> </u>		PROVIDER'S PLAN OF CORRECTIO	M	(X5) COMPLETION
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECECED BY FULL	ID PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETION DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		DEFICIENCY)		<u> </u>
			 				
{K 000}	INITIAL COMMENT	ГS	{K 00	00}			
(1000)	(Titte Continue to	-	,	•			
	A Life Safety Code	Survey was conducted by the	:]
	State of Tennessee	Department of Health					!
	Division of Health L	icensure and Regulation			·		
	Office of Health Ca D8/27/2017 During	re Facilities survey on this Life Safety Survey,					
	Lakeshore Heartlan	id was found not in substantial					[
	compliance with the	requirements for participation					
	in Medicare/Medica	aid at 42 CFR Subpart by from Fire, and the related			•		1
ľ	National Fire Protec	etion Association (NFPA)					
İ	standard 101-2012.			í			
•	TT	40 (OFD) Subsect 402 70/o)			·		i
i	is NOT MET as evid	42 (CFR), Subpart 483.70(a) denced by:					
(K 311)		Openings - Enclosure	{K 3⁻	11}			
SS=D	Vertical Openings -	Enclosure					
i	2012 EXISTING Stairways elevator	shafts, light and ventilation					
	shafts, chutes, and	other vertical openings					
	between floors are	enclosed with construction]
_	naving a tire resista	moe rating of at least 1 hour. used in accordance with 8.6.					
	19.3.1.1 through 19	1.3.1.6					
	If all vertical openin	gs are properly enclosed with			1		j
	construction providings a	ing at least a 2-hour fire					
	box.	120 CHCCK 0112					
	This STANDARD is	s not met as evidenced by:	ĺ				
	Based on observat	ions, the facility failed to			·		•
ļ	protect the vertical	operings.					ļ
	The findings include	ed:]
j	1. Observation on	08/18/2017 at 12:19 AM,				•	alcha
	revealed the avosu	m wall separating the 1st floor			1	•	9/5/17
		om the laundry room was			· · · · · · · · · · · · · · · · · · ·		0/61 50455
ABGRATORY	DIRECTOR'S OR PROVID	PRISUPPLIER REPRESENTATIVE'S SIG	NATURE	F	P. d. co. i . i . co. co.	٩	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567 (02-99) Previous Versions Obsoleto

Event ID: 1W5Z22

Facility ID: TN1914

If continuation sheet Page 1 of 8

	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				.,	ESURVEY
	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL	E CONSTRUCTION	(X2) DAT	PLETED
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٠	}		445526	B. WING	<u></u>		081	18/2017
	NAMEOF	PROVIDER OR SUPPLIER		<u>' </u>		TREET ADDRESS, CITY, STATE, ZIP CODE		
				- 1		025 FERNBROOK LANE		
	LAKESF	IORE HEARTLAND		1	N	ASHVILLE, TN 37214		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETION DATE
	{K 311}	moisture damaged peel and the gypsur (equipment room or connecting all 3 floor Edition) NFPA 101, 2. Observation on (revealed the following wall separating the the taundry room: a. 3 inch steel pipe b. ½ inch metal con NFPA 19,3,1 (2012)	causing the paper backing to m to crumble from the wall ontains a HVAC shaft ors). NFPA 19.3.1 (2012 8.6.2 (2012 Edition) 08/18/2017 at 12:20 PM, and penetrations in the gypsum 1st floor equipment room from	{K3	11}			9/7/17
	\$\$=D	revealed the block escaled to the deck. NFPA 101, 8.6.3 (208.3.6.5 (2012 Editional Maintenance staff with deficiencies were in acknowledged the conference on 08/4 NFPA 101 Sprinkler Testing Sprinkler System - If Automatic sprinkler inspected, tested, a with NFPA 25, Standard Testing, and Maintal Protection Systems.	ras present when the entified and the administrator leficiencies during the exit	{ i C 3	53}			4/7/17

<u>K311-</u> The facility maintains stairways, elevator shafts, light and ventilation shafts, chutes and other vertical openings with appropriate 1 and 2 hours fire ratings.

The gypsum wall separating the 1st floor equipment room from the laundry room was repaired by Hendrick Contracting on August 30, 2017.

The penetration in the gypsum wall relative to the three inch steel pipe and ½ inch metal conduit were repaired by Firestop Technologies on September 7, 2017.

The block elevator shaft wall was sealed to the deck on August 30, 2017.

The facility has a system overseen by the Director of Environmental Services to remedy problems of this nature through use of approved vendors and inspection of work upon completion.

The Director of Environmental Services and maintenance staff will monitor work done by outside vendors and do routine inspections for penetration as part of preventive maintenance checks according to weekly, monthly, quarterly, semi-annual and annual checks for numerous life safety issues.

Additional checks will be conducted every 2 weeks for 8 weeks by the Director of Environmental Services or designee to ensure compliance and will continue as needed until substantial compliance is achieved.

	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			או מייי	
	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION . 3 01 - MAIN BUILDING 01	, , COV	TE SURVEY MPLETED
			445526	B. WING_			R 18/2017
ı	NAME OF	PROVIDER OR SUPPLIER		1 - T	STREET ADDRESS, CITY, STATE, ZIP CODE		
	LAKESH	IORE HEARTLAND		ŀ	3025 FERNBROOK LANE NASHVILLE, TN 37214		
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	{K 311}	peel and the gypsur (equipment room connecting all 3 floc Edition) NFPA 101, 2. Observation on (revealed the following wall separating the the laundry room: a. 3 inch steel pipe b. ½ inch metal con NFPA 19.3.1 (2012)	causing the paper backing to m to crumble from the wall ontains a HVAC shaft ors). NFPA 19.3.1 (2012 8.6.2 (2012 Edition) 08/18/2017 at 12:20 PM, and penetrations in the gypsum 1st floor equipment room from	{K 311			
	{K 353} SS≈D	revealed the block esealed to the deck. NFPA 101, 8.8.3 (20 8.3.6.5 (2012 Edition Maintenance staff with deficiencies were ideacknowledged the donference on 08/1 NFPA 101 Sprinkler Testing Sprinkler System - Nationatic sprinkler inspected, tested, arwith NFPA 25, Standard Testing, and Maintal Protection Systems.	ras present when the entified and the administrator efficiencies during the exit 8/2017. System - Maintenance and Maintenance and Maintenance and Testing and standpipe systems are not maintained in accordance lard for the Inspection, ning of Water-based Fire Records of system design,	{K 353}			8/29

Ž		T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445526		TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	(%) DATE SUR COMPLETS R 08/18/20	vey Ed
		PROVIDER OR SUPPLIER HORE HEARTLAND		<u>'</u>	STREET ADORESS, CITY, STATE, ZIP CODE 3025 FERNBROOK LANE NASHVILLE, TN 37214		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION [EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COM	(XS) PLETION JATE
	{K 353}	a) Date sprinkler s b) Who provided s c) Water system so Provide in REMARK any non-required or system. 9.7.5, 9.7.7, 9.7.8, a This STANDARD is This deficient practi compartments Based on document maintain the sprinkle The finding included Document review or revealed the facility is internal sprinkler obs 101, 19.3.5.1 (2012 (2012 Edition) NFPA	ystem last checked ystem test upply source S information on coverage for partial automatic sprinkler and NFPA 25 not met as evidenced by: ce affected 5 of 5 smoke review, the facility failed to er system.	{K 35	53}		
	(K 355) SS=D	deficiencies were ide acknowledged the de conference on 08/10 NFPA 101 Portable f Portable Fire Extingu Portable fire extingui	ire Extinguishers Ishers shers are selected, installed, ialned in accordance with	{K 36	5)	8/2	eq.

<u>K353-</u> Sprinkler System – The maintenance and testing of automatic sprinkler and standpipe systems are inspected, tested, and maintained as part of ongoing maintenance schedules.

Five year internal sprinkler obstruction investigation was completed by Bouchard Fire Protection, Inc., on August 29, 2017.

The Director of Environmental Services schedules inspections as needed, and uses preventive maintenance logs as a reminder.

CENTE	RS FOR MEDICARE	8 MEDICAID SERVICES			DIMP MOY ASSOSORS		
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUCT	IPLE CONSTRUCTION	(X3) DA1	YE SURVEY MPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:		NG D1 - MAIN BUILDING 01	l l		
1			ļ		L	Ŕ	
		445526	B, WING		08.	/18/2017	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		•	
LAKESH	ORE HEARTLAND			3025 FERNBROOK LANE			
Enited;	TOTAL TENEDERING		<u> </u>	NASHVILLE, TN 37214		ন	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CAOSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	COMPLETION DATE	
{K 363}		system last checked	(K 35	3}			
	any non-required or system. 9.7.5, 9.7.7, 9.7.8, a This STANDARD is	(S information on coverage for partial automatic sprinkler					
	Based on documen maintain the sprink!	t review, the facility failed to ler system.					
	The finding included	j :					
	revealed the facility internal sprinkler ob 101, 19.3.5.1 (2012 (2012 Edition) NFP/	n 08/18/2017 at 11:57 AM, failed to conduct a 5 year estruction investigation. NFPA Edition) NFPA 101, 9.7.1.1 A 13, 24.6.1 (2010 Edition) 011 Edition) NFPA 25, 14.2.1.4			,		
ļ	deficiencies were id		{K 35	5}		8/29	
	Portable Fire Exting Portable fire extinguinspected, and mair NFPA 10, Standard Extinguishers.	uishers are selected, installed, Intained in accordance with					

	nt of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUC NG 01 - MAIN BL	ITION UILDING 01) cos	E SURVEY APLETED
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NAMEO	PROVIDER OR SUPPLIER	445526	B. WING	STREET ADDRI	ESS, CITY, STATE, ZIP CODE	1 00	1000410
	HORE HEARTLAND			3025 FERNBR	ROOK LANE		
	<u>,</u>		<u>. </u>	NASHVILLE,	OVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	יבורו.	H CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROP DEFICIENCY)	D1RF	(XS) COMPLETION DATE
{K 355	18.3.5.12, 19.3.5.12 This STANDARD is	-	{K 35	5}	· ,	,	
	compartments. Based on documen	it review, the facility failed to le fire extinguishers.					
	revealed the facility fire extinguisher ins than 12 months sind 19.3,5,12 (2012 Edi	n 08/18/2017 at 12:06 AM, failed to conduct the annual pection during 2017 (more ce last inspection) NFPA 101, tion) NFPA 101, 2012 (3.1.1.1 (2010 Edition)					
{K 372} SS=D	deficiencles were id acknowledged the c conference on 08/1 NFPA 101 Subdivisi	vas present when the entified and the administrator deficiencies during the exit 18/2017. ion of Building Spaces -	(K 37	2}			
	Construction 2012 EXISTING Smoke barriers sha fire resistance rating be permitted to tem Smoke dampers are penetrations in fully an approved sprinkl smoke compartmer barrier. 19.3.7.3.8.6.7.1(1)	ing Spaces - Smoke Barrier II be constructed to a 1/2-hour g per 8.5. Smoke barriers shall inate at an atrium wall. e not required in duct ducted HVAC systems where ler system is installed for its adjacent to the smoke anical smoke control system	·				-

<u>K355-</u> Portable fire extinguishers are selected, installed, inspected and maintained as part of ongoing maintenance schedules.

All portable fire extinguishers were inspected by Koorsen Fire and Safety on August 29, 2017.

The Director of Environmental Services schedules annual inspections, and uses preventive maintenance logs as a reminder.

Portable fire extinguishers will be inspected monthly by the Director of Environmental Services and maintenance staff.

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUU A. BUILDI	IPLE	CONSTRUCTION - MAIN BUILDING 01	i	PLETED
			, , , , , , , ,			F	
		445526	B, WING		ATTY OF ALL VID CODE	1 081	18/2017
NAME OF F	PROVIDER OR SUPPLIER		Ţ	302	REET ADORESS, CITY, STATE, ZIP CODE 25 FERNBROOK LANE		
LAKESH	ORE HEARTLAND		j.	NA	SHVILLE, TN 37214		oves.
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIÉS / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	,	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	, 66	(X5) COMPLETION DATE
<u> </u>	Continued From pa 18.3.5.12, 19.3.5.11 This STANDARD in This deficient prace compartments. Based on document maintain the portals. The findings included Document review of revealed the facility fire extinguisher instead than 12 months sind 12 months sind 19.3.5.12 (2012 Edition) NFPA 10, 10. Maintenance staff of deficiencies were in acknowledged the	age 3 2, NFPA 10 s not met as evidenced by: lice affected 5 of 5 smoke at review, the facility failed to lie fire extinguishers. ed: In 08/18/2017 at 12:06 AM, failed to conduct the annual spection during 2017 (more ice last inspection) NFPA 101, lition) NFPA 101, 9.7.4.1 (2012 7.3.1.1.1 (2010 Edition) was present when the dentified and the administrator deficiencies during the exit	{K 34	55}			
{K 372} SS=D	Smoke Barrie Subdivision of Buil Construction 2012 EXISTING Smoke barriers sh fire resistance ratir be permitted to ter Smoke dampers a penetrations in full an approved sprint smoke compartme barrier.	ding Spaces - Smoke Barrier all be constructed to a 1/2-hour ng per 8.5. Smoke barriers shal minate at an atrium wall, re not required in duct y ducted HVAC systems where kler system is installed for ents adjacent to the smoke	' <u> </u>	72)			8/30

CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES A. BUILDING 01 - MAIN BUILDING 01 IDENTIFICATION NUMBER: AND PLAN OF CORRECTION R 08/18/2017 B, WING 445526 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3025 FERNEROOK LANE NASHVILLE, TN 37214 LAKESHORE HEARTLAND (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES ĮΒ (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG {K 372} Continued From page 4 {K 372} This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the building space subdivision. The findings included: Observation on 08/18/2017 at 12:41 PM, revealed the cross corridor wall by room 309 had two holes improperly patched (blow out patches) NFPA 19.3.7.3 (2012 Edition) NFPA 101, 8.5.6.2 (2012 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencles during the exit conference on 08/18/2017. {K 500} NFPA 101 Building Services - Other {K 500} \$\$=D Building Services - Other List in the REMARKS section any LSC Section 18,5 and 19,5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: This deficient practice affected 5 of 5 smoke compartments. Based on observation and document review, the facility failed to maintain the emergency power system. The findings included:

K372- The facility maintains smoke barriers to a ½-hour fire resistance rating.

Two holes were properly patched on the corridor wall by room 309 by Hendrick Contracting, on August 30, 2017.

The Director of Environmental Services or designee will perform monthly checks and use preventive maintenance logs as a reminder.

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			= CONSTRUCTION	(XS) DATE	SURVEY]
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	JIP! ING	LE CONSTRUCTION 01 - MAIN BUILDING 01	COMPI	f
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NAME OF F	PROVIOER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, 217 GODE 3025 FERNBROOK LANE		
LAKESH	ORE HEARTLAND			li	NASHVILLE, TN 37214	 -	
	CHAMAGOV STA	TEMENT OF DEFICIENCIES	10	L	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETION
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{K 372}	This STANDARD I	age 4 s not met as evidenced by: tion, the facility falled to ng space subdivision.	(K3	172)			
	The findings includ					İ	
	revealed the cross	1/18/2017 at 12:41 PM, corridor wall by room 309 had rly patched (blow out patches) 12 Edition) NFPA 101, 8.5.6.2					
(K 500) S8=D	deficiencies were I acknowledged the conference on 08, NFPA 101 Building	was present when the dentified and the administrator deficiencies during the exit /18/2017. Services - Other	{K :	500)}	l	9/7
20-0	Building Services List in the REMAR 18.5 and 19.5 Building are not addressed deficient. This info	Other KS section any LSC Section KS section any LSC Section ding Services requirements that by the provided K-tags, but are rmation, along with the fety Code or NFPA standard included on Form CMS-2567.	t 				
	This deficient pra compartments.	is not met as evidenced by: ctice affected 5 of 5 smoke					
	facility falled to ma system.	ation and document review, the aintain the emergency power					
	The findings inclu	ded:	ļ				l

This STANDARD is not met as evidenced by: This deficient practice affected 5 of 5 smoke compartments.

Based on document review, the facility failed to maintain the HVAC systems.

The findings included:

Document review on 08/18/2017 at 12:08 AM, revealed the facility failed to conduct a 4 year fire damper inspection, NFPA 101, 19.5,2.1 (2012 Edition) NFPA 101, 9.2.1 (2012 Edition) NFPA

Event JD: 1W\$Z22

Facility ID: TN1914

If continuation sheet Page 6 of 8

K500- Facility will conduct an annual 1 ½ hour generator load bank test.

Annual 1 ½ hour generator load bank test was completed by Nixon Power Services Company on April 4, 2017.

The Director of Environmental Services schedules inspections as needed, and uses preventive maintenance logs as a reminder.

The Administrator and Director of Environmental Services will monitor results of these checks and report to the facility's Quality Assurance Committee. The monitor and in-service training will continue as determined by the Administrator or as directed by the Quality Assurance Committee which consists of the administrator, DON, medical director, social worker, health information manager, maintenance supervisor, activity director, and Administrative Nurses.

impliance: 9/07/17 0

	RS FOR MEDICARE TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDI	ING	01 - MAIN BUILDING 01	F	ŀ
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NAME OF	PROVIDER OR SUPPLIER	777000	<u> </u>		TREET ADDRESS, CITY, STATE, ZIP.CODE		
LAKESH	IORE HEARTLAND			3	8025 FERNBROOK LANE NASHVILLE, TN 37214		
ļ		ATEMENT OF DEFICIENCIES	10		L ROOM DERIS BLAN OF CORRECTIO	N N	(X5) COMPLETION
(X4) (D PREFIX TAG	JEACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
{K 500}			{K 5	00}			
	revealed the facility % hour generator is documented report (2012 Edition) NFF	w on 08/18/2017 at 12:05 AM, realled to conduct the annual 1 pad bank test (last 4/2016). NFPA 101, 19.5.1.1 PA 101, 9.1.3.1 (2012 Edition) 010 Edition) NFPA 110, 8.4.2.3					
(K 521) SS≃D	deficiencies were in acknowledged the conference on 08/ NFPA 101 HVAC	was present when the dentified and the administrator deficiencies during the exit 18/2017.	·(K5	521]	}		9/7
	HVAC Heating, ventilation						
	This STANDARD This deficient prac	is not met as evidenced by: otice affected 5 of 5 smoke					
	Based on docume maintain the HVAC	nt review, the facility failed to C systems.					
	The findings include	ded:					į į
	revealed the facilit	on 08/18/2017 at 12:08 AM, ly failed to conduct a 4 year fire ly NFPA 101, 19.5.2.1 (2012 ly 9.2.1 (2012 Edition) NFPA					÷

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

3025 FERNEROOK LANE

LAKESHORE HEARTLAND

MASHVILLE TN 37214

LAKESHORE HEARTLAND NASHVILLE, TN 37214 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {K 521} (K 521) | Continued From page 6 90A, 5.4.7.1 (2012 Edition) NFPA 80, 19.4 (2010 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 08/18/2017. (K 920) NFPA 101 Electrical Equipment - Power Cords (K 920) 8/21 and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: This deficient practice affected patient rooms in 4 of 4 smoke compartments on the 3rd and 4th floors (2 on each floor) of the facility.

<u>K521-</u> Facility installs and maintains heating, ventilation, and air conditioning in accordance with the manufacturers specifications.

Four year fire damper inspection was completed by Lee Company on September 7, 2017.

The Director of Environmental Services schedules inspections as needed, and uses preventive maintenance logs as a reminder.

STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	TIP	LE CONSTRUCTION		E SURVEY IPLETED
AND PLAN (OF CORRECTION	DEMINICATION NUMBER:	A. BUILC	ING	01 - MAIN BUILDING 01	j :	R
1		445526	B. WING		<u> </u>	081	18/2017
	PROVIDER OR SUPPLIER		,	3	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 FERNBROOK LANE NASHVILLE, TN 37214		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE) BE	(XS) COMPLETION DATE
{K 521}	90A, 5,4.7.1 (2012 Edition)	Edition) NFPA 80, 19,4 (2010	{K 5	21}			
{K 920} SS=D	deficiencies were in acknowledged the conference on 08/	vas present when the lentified and the administrator deficiencies during the exit 18/2017. I Equipment - Power Cords	{K9	20}			8/21
	Extension Cords Power strips in a pa used for componen patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power str may not be used for electronics), except rooms that do not u PCREE meet UL 13 strips for non-PCRE (outside of vicinity) care rooms, power standards. All pow precautions. Exten substitute for fixed v Extension cords us immediately upon o which it was installe 10.2.4. 10.2.3.6 (NFPA 99) (NFPA 70), 590.3(D This STANDARD is This deficient pract	electrical equipment is that have been assembled hel and meet the conditions of lips in the patient care vicinity in non-PCREE (e.g., personal in long-term care resident se PCREE. Power strips for 863A or UL 60601-1. Power Elin the patient care rooms meet UL 1363. In non-patient strips meet other UL er strips are used with general sion cords are not used as a wiring of a structure. ed temporarily are removed ompletion of the purpose for id and meets the conditions of 10.2.4 (NFPA 99), 400-8.) (NFPA 70), TIA 12-5 is not met as evidenced by itee affected patient rooms in 4 timents on the 3rd and 4th					

The administrator was present when these deficiencies were litentified and were later acknowledged in the exit conference on

08/18/17, CMS \$&C 14-46

<u>K920-</u> Power strips in a patient care vicinity are only used for components of movable patient care related electrical equipment assembles that have been assembled by qualified personnel and meet proper conditions.

Facility's maintenance assistant and the administrator completed a facility wide audit and replaced all power strips.

The Director of Environmental Services or designee will perform random room inspections as needed, and uses preventive maintenance logs as a reminder.

The Administrator and Director of Environmental Services will monitor results of these checks and report to the facility's Quality Assurance Committee. The monitor and in-service training will continue as determined by the Administrator or as directed by the Quality Assurance Committee which consists of the administrator, DON, medical director, social worker, health information manager, maintenance supervisor, activity director, and Administrative Nurses.

complians: 8/21/17 c.H

	or means gase had it of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE COMP	
					F	-
TN1914		B, WING		08/1	8/20	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
LAKESH	ORE HEARTLAND		NBROOK LA LE, TN 3721		•	
	SHMMARY ST	ATEMENT OF DEFICIENCIES	JD JD	PROVIDER'S PLAN OF CORR	ECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	PROPRIATE	COA
{N 831}	1200-8-608 (1) B	uilding Standards	(N 831)		*	
	(1) A nursing home	e shall construct, arrange, and		•	1	}
	maintain the condi	tion of the physical plant and]			
		home environment in such a afety and wall-being of the				
	residents are assu	red.	ĺ			
- 1			j			
j				•		
		et as evidenced by:				
		lion and document review, the Intain the physical plant and		,		
	overall environmer					
	The findings includ	led:				
ļ		w on 08/18/2017 at 12:41 AM,				ı
		y failed to conduct the annual of during 2016. NFPA 101,]			
	4.4.2.1 (2012 Edition	on) NFPA 101, 8.2.2.4 (2012 5.2.1 (2010 Edition)	•			
	•					
		08/18/2017 at 12:41 PM, is improperly patched in the				9/-
	corridor wall at the	3rd floor elevator. NFPA 101,	.,			
j	8.3.5.1 (2012 Edition	on)				
]		08/18/2017 at 12:41 PM, tion by a low voltage wire not				9/-
	sealed properly in t	the corridor wall at the 3rd floor			,	, ,,
}	elevator. NFPA 101	I, 8.3.5.1 (2012 Edition)				
		08/18/2017 at 12:41 PM,				a/
}	revealed a penetra sealed properly abo	tion by a low voltage wire not ove the door to room 309.				γŲ
	NFPA 101, 8.3.5.1		-			
	5. Observation on t	08/18/2017 at 12:41 PM,				9/

LABORATORY DIRECTOR'S OR PROVIDERISUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

STATEMEN	of Health Care Factor of DericleNCIES of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1 - MAIN BUILDING 01		<u>TELED</u>
		TN1914	B, WING		08/1	8/20 17
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST KNBROOK LA			
AKESH	ORE HEARTLAND		LE, TN 37214			1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLET(DATE
{N 831}	Continued From pa	ge 1	{N 831}			
	sealed properly in t 303, NFPA 101, 8.3	he corridor wall above room 5.5.1 (2012 Edition)				
	revealed 2 penetral not sealed properly	08/18/2017 at 12:41 PM, tions by insulated water pipes in the corridor wall above the ower room. NFPA 101, 8.3.5.1				9/7
1	revealed the corrido	08/16/2017 at 12:41 PM, or wall was not sealed to the r shower room. NFPA 101, on)				9/7
	revealed a penetral	06/27/2017 at 12:49 PM, tion by a low voltage wire not ove the door to room 319. (2012 Edition)				9/7
	revealed the 2 hole	06/27/2017 at 12:56 PM, s improperly patched in the 4th floor elevator. NFPA 101, on)				9/7
	revealed a penetra	08/27/2017 at 12:56 PM, tion by a low voltage wire not ove the door to room 404. (2012 Edition)				٦/٦
	revealed a penetral sealed properly in t	08/18/2017 at 12:41 PM, tions by a metal-clad cable not he corridor wall above the ower room. NFPA 101, 8.3.5.1	ł (9/7
	deficiencies were it	was present when the dentified and the administrator deficiencies during the exit [8/2017.		, ,		

<u>M831-</u> Physical plant environment shall be properly constructed and well maintained to ensure staff and resident safety.

Annual Fire Door Inspection was completed by Premier Firestop on September 1, 2017.

All penetrations were properly sealed by Firestop Technologies on September 7, 2017.

The Director of Environmental Services schedules inspections as needed, and uses preventive maintenance logs as a reminder.